STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

MAY 08 2019

PLEASE PRINT

I. Name of Lobbyist(s) Dawn M	cKinney		NEW HAMPSHIRE DEPARTMENT OF STATE
П. Name of lobbyist's partnership,	firm or corporation, if any:		
New Hampshire Legal			
(Name of partnership,			
117 North State Street	Concord	` NH ,	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 603-224-4107	() 603-224-2053	_{e-mail} dmckinne	y@nhla.org
(Telephone)	(Fax)	¢-man	
III. This statement covers: (Choose reportable expense transactions wh All reportable transactions occurring	ch are not attributable to a	ny one client).	•
· ·	Client as it appears on the Lobby	ist Registration Form)	
<u>OR</u>			
All reportable transactions by the l unrelated to any particular client.	obbyist (including the lobbyis	t's family), or the lobbying	firm listed below which are
IV. Date of Report April 24, 201 Reports cover: activity from date of r		July 31, 2019	
October 30, 2 activity from 7/1.		January 29, 2020 [] activity from 10/1/19 to 12/31/	19
V. There have been no fees recei If this box is checked, complete just th Concord, NH 03301.			
VI. Check if additional reports are:	attached:		
X If you have received fees or made			•
 If you have paid an honorarium of Expense Reimbursement 	reimbursed expenses, you m	ust file Addendum B-Rep	ort of Honorariums or
If you, your firm, or your family l	as made political contribution	ns, you must file Addendur	n C- Political Contributions
Sworn Statement/Affirmation by Le I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle (Signature of lobbyist) Dawn McKinney (Print Name of lobbyist)	14-C and RSA 664 and hereb	y swear or affirm that the form $\frac{5/2/19}{(Date}$	

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Dawn McKinne	y ·		
Il. Name of lobbyist's par	tnership, firm or corp	oration, if any:		
	ew Hampshire Legal As	ssistance		<u>_</u>
(Name of part	nership, firm or corporation)			
III. Name of Client	N/A	·	Date	
IV. Fees Received Indicate the gross amount of to lobbying, including fees f including research, monitori reduced by any expenses:	or services such as public ng legislation, and relate	advocacy, governme	nt relations, or	r public relations service unt reported shall not be
a) Total of all fees received i	in this reporting period		a) \$	
b) Total of all fees received (This should equal the to	this calendar year, prior to tal of all prior monthly re			0
c) Total of all fees received (Add lines a and b)	to date		c) \$	0
d) Indicate the amount of ar yet been paid	ny such fees that are due, b	out have not	d) \$	0
V. Expenses: Lobbyist(s)/Lobbying partner fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period individual expenses where the lunch where the cost was \$2 being lobbied, purchase of a (c) an itemized statement of any purpose not covered by ceremonial object to be give restaurant expenses for a le contributions will be reported	be filed for expenditures unrelated to any one clin one of three categori for salaries, benefits, supple expenditure was of \$2,5.00 or less, purchase of ceremonial object given each individual expenditure (a) (for example: purchen to the subject of lobby gislative reception). Explicit on separate addendums	s made relative to each ient a separate report es of expenses: (a) to port staff, and office 5.00 or less (for exama pen with a value of to a person being lobbore made during this rease of a meal with voying with a value greateness for honorarium and should not be reported.	the client and if the aggregate of expenses; (b) aple: meals pur- less than \$10 to bied with a val- porting period alue of greater ater than \$25, as, expense re	expenditures are made by a for the lobbyist(s)/firm total of all expenses paid the aggregate total of all rchased during a busines that is given to the personal of \$25.00 or less); an of greater than \$25.00 for than \$25, purchase of but not greater than \$50 imbursement, or political
a) Total aggregate expenses support staff, and office expenses	enses, related directly or in	ndirectly to lobbying.		6,871.41
b) Total aggregate of expendin a), of \$25 or less.	amures during this reporti	ig beriog , not reported	ь) \$	0
c) Total of all itemized expe	enditures reported in detail	l in section VI.	c) \$	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 6,87/.4/
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f)\$ 6,871.41
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of loobyist)	5)2 9 (Date)
Dawn McKinney (Print Name of lobbyist)	
(I THE I THING OF 1000 JUST)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

III. Name of lobbyist's partnership, firm or corporation, if any: Name of partnership, firm or corporation Patter	I. Name of Lobbyist(s)	avun Mic	KINNEY	
Name of Client			oration, if any:	
Name of Client	NH NH	Legal AS	818tanle	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: Divided Paid Paid	(Name of partne	rship, firm or corporation)		
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate:	III. Name of Client			Date
Amount of contribution \$ \(\begin{align*}{ c c c c c c c c c c c c c c c c c c c	For each political contribution			ter 664 paid on behalf of the
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$	Full name of candidate:		Penna (First Name)	` - ' 0 a
Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter a actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."	Amount of contribution \$ 10	0-	Office Candidate is	Seeking State School
Amount of contribution \$Office Candidate is Seeking If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter t actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	Amount of contribution \$,	,	,
Full name of candidate:	actual cost of the in-kind contri	ibution on the line above	description of the good for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known,
(Last Name) (First Name) (Middle Name/Initial)				
Amount of contribution \$ Office Candidate is Seeking	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

	the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate."	contribution. If the actual cost is not known,
enter an estimated value and the word estimate.	
(If more than three contributions were made, report additional contributions o	on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information
DMM	5/2/19
(Signature of lobbyist)	(Date)
DAWN MCKINNEY	
(Print Name of lobbyist)	

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